HAWKERS/PEDDLER PERMIT APPLICATION



Town of Perryville 515 Broad Street P.O. Box 773 Perryville, MD 21903

www.perryvillemd.org Phone: 410-642-6066 Fax: 410-642-6391

DATE OF APPLICAT	TION	TYP	TYPE OF LICENSE							
		THE OF LICENSE								
				Sales Vendor $\ \square$						
*requires Cecil Co Health Department approval ORGANIZATION/COMPANY INFORMATION										
NAME OF ORGANIZATION/COMPANY					IS THIS A NON-PROFIT GROUP?					
			Yes 🗀 No 🗆							
STREET ADDRESS			APT#	CITY			STATE	ZIP		
APPLICANT INFORMATION										
FIRST NAME		LAST NAME			MIDDLE INITIA		\L			
STREET ADDRESS		1	APT#	CITY			STATE	ZIP		
							- CITALIZ			
TELEPHONE NUMB	ERS		-							
uou=°										
HOIVIE:	HOME: CELL:					WORK:	ORK:			
DO YOU HAVE A V	ALID MARYLAND TRA	NCIENT	/ENDOD'S	Ī						
LICENSE? (Please a		MOILINI	VENDOR 3	PROVIDE	E STATE OF	MARYLAND SA	LES TAX N	UMBER		
Yes No										
NATURE OF BUSINESS FOR WHICH LICENSE IS DESIRED (Please specify items that will be offered for sale)										
DATE(S) AND LENGTH OF TIME EXPECTED TO CONDUCT THIS ACTIVITY										
DATE OF AND LENGTH OF TIME EXPECTED TO COMDUCT THIS ACTIVITY										
LOCATION REQUESTED TO OPERATE ACTIVITY										
VEHICLE INFORMATION										
If you are using a vehicle for your activity, complete the following and provide proof of insurance:										
MAKE	MODEL	COLOR		YEAR LICENSE NUMBER STATE REGISTERED						
				,, ,						
				I	<u></u>		L			

DEDCOMAL INCOMMENCE	ADDI IOANIT /				
PERSONAL INFORMATION OF STATE/LICENSE NUMBER					
STATE/LICENSE NUIVIBER	DATE OF BIRTH	WEIGHT	HEIGHT		
HAIR COLOR	EYE COLOR	IDENTIFYING MARKS	, PIERCINGS AND/OR TATTOOS		
HAVE YOU EVER BEEN CONV		ISDEMEANOR WITHIN THE	E LAST SEVEN (7) YEARS.		
Yes No If yes,	please explain:				
 License is non trans License Permit Tag License is applicabl Hours of operation Fee \$25.00 per year I hereby affirm that is true, accurate and complete 	voked for any violation of esferrable. I shall be displayed on the le for approved location of limited to 9:00 a.m. to 8:0 are (license expires December this application contains lete to the best of my knominal charges and the To	e windshield at all times only. 90 p.m., or ½ hour after suber 31 st). 90 no willful misrepresentations and belief. I uni	5 .		
	Applicant Signature		Date		
Other Comments:					
7					
***************************************	FOR USE BY	OFFICE STAFF ONLY			
	TON BOL BY	OTTIOL OTALL ONE			
DOCUMENTS REC'D:					
DRIVERS LICENSE			FEE PAID:		
OTHER ID					
PROOF OF AUTOMOTIVE INSURAN MARYLAND TAX ID	ICE []		RCVD BY:		
AUTHORIZATION FROM PROPERT			DATE:		
HEALTH DEPARTMENT FOOD FAC	ILITY INSPECTION/CERTIFICAT	EU			
ADDOVED DV		DATE	LIGHT		
APPROVED BY:	vn Representative	DATE:	_LICENSE NO.:		
	m nepresentative		LIGHNOE FERIVITI IAG II		
DENIED [] REASON FOR DENIAL:					

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